



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

On December 16, the steamship *Werra*, of the North German Lloyd Steamship Company, bound with passengers and cargo for New York. There were inspected and passed 28 cabin and 247 steerage passengers and 96 pieces of large and 273 pieces of small baggage.

Smallpox.

The United States consul at Marseilles reports smallpox to exist in that city in epidemic form.

Passengers from that port to the United States via Naples have been subjected here to rigid inspection. Their baggage is permitted to proceed provided it has a certificate of disinfection from the United States consul at Marseilles.

Respectfully,

VICTOR G. HEISER,
Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

JAPAN.

Reports from Yokohama—plague in Kobe and Osaka.

YOKOHAMA, *December 9, 1899.*

SIR: I have the honor to report that the latest governmental return of plague, published yesterday, is as follows:

"Since the outbreak of the plague last month, the first victim dying at Hiroshima on November 5, up to the 4th instant, the total number of cases, including both the real and the merely suspicious, was 20, of which 13 resulted in death. Those reported officially to have suffered from real pest number 10, of whom 2 are said to be still surviving."

In the present anxious and excited state of both the native medical profession and the community, it is inevitable that the reports, even of deaths, save when experts are concerned, should be occasionally erroneous, and, perhaps, subject to post-mortem revision after skilled examination.

The disease can scarcely be said to exist as an epidemic in either Kobe or Osaka at present, as, since the rapid sequence of cases from November 6-17, the few cases reported have occurred at considerable intervals of time and disconnectedly, so far as evident propagation from individual to individual is concerned, but all afforded ground for suspicion of connection with the unfortunate importation of cotton from Niuchwang.

The authorities are relaxing none of their precautions and, were it not for the simultaneous onset of cold weather, we might feel assured of their effectiveness.

The minister of the home department has, within a day or two, extended the period of detention in quarantine for vessels infected by plague to ten days, instead of seven to which latter period it was reduced in the later months of 1894, against my protest, I being then a member of the imperial central board of health.

Respectfully,

STUART ELDRIDGE, M. D.,
Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

YOKOHAMA, JAPAN, *December 12, 1899.*

SIR: Referring to my letter of the 9th instant giving official returns of plague cases and deaths from the same to December 4, I have the

honor to report that on the 7th a fatal case occurred in Kobe and, on the 8th another, also fatal, at Osaka. On the 9th a case of undoubted pest was reported from Nagasaki, but without details as to whether in the city or at quarantine, and, on the same day, two police constables, who had been employed about the district of Kobe where the earliest cases occurred, were simultaneously attacked.

Dr. Nakahama, a very competent man, after investigating the Kobe cases, doubts their origin from infected cotton and thinks that cases had occurred much earlier than the first officially reported which had passed unrecognized as plague. He is stated to suggest that the origin of these early cases was from infected imported skins. There seems little doubt in the minds of the Japanese authorities as to the infection having arisen from imported goods of some sort, though if the existence of unrecognized cases prior to the supposed beginning of the outbreak is assumed, it is difficult to see the justice of this theory.

However it originated, there is no doubt that the plague is in Japan, and that it is very slowly but steadily spreading.

I am using all the precautions in my power to enforce the regulations. Many emigrants are just now taking passage for Hawaii upon ships bound for United States ports, as well as the usual number of through passengers. The greater number of both classes come from southern provinces and pass through Kobe by rail, stopping only long enough to change cars in the single railway station. Of this fact, I have the best attainable evidence, that of the station master at Kobe, who is a government official. No steerage passengers are taken from either Kobe or Osaka, and, in case of the slightest doubt, I enforce a period of detention here for fifteen days before sailing, during which time the intending passengers are under observation. Isolation I have not yet attempted, first, because without a proper place, under my own control, it would prove the same farce that it did in 1894, when it was essayed on account of cholera; and, second because there has not as yet been a single case of plague nearer than Osaka, and so communication with Yokohama residents can not be deemed dangerous. I am trying to obtain a place in which I can disinfect the baggage and clothing of any persons under the least suspicion by formaldehyd, for the generation of which I have a personal equipment.

Respectfully,

STUART ELDRIDGE, M. D.,
Acting Assistant Surgeon, U. S. M. H. S.

THE SURGEON-GENERAL,
U. S. Marine-Hospital Service.

[Inclosure No. 1.]

Pathological investigations on pest.

[Japan Times, Tokyo, November 26, 1899.]

An important pathological controversy between Dr. Kitazato and his adherents and Dr. Yersin and his followers concerning the pest is reported to have ended in the victory of the latter. A few days ago a telegram reached the home office from Drs. Ogata and Nakahama, staying in Kobe, in connection with the pest affair, stating that the presence of Yersin bacilli has been conclusively proved to be the cause of the pest, and that Dr. Kitazato himself has been induced to accept this theory.

The intelligence is too brief to be intelligible to ordinary readers, so that the account of an interview which the representative of the Osaka Asahi had with Drs. Ogata and Nakahama, and which is published in that paper, is very timely.

Dr. Kitazato, observe these doctors, held that the pest bacilli principally propagates in blood vessels; but this exposition has been opposed by the majority of the members of the Japan Central Sanitary Association, who indorse Dr. Yersin's opinion, and maintain with equal ardor that the bacilli could be found only in lymphatic vessels. The

post-mortem examination made on the remains of one of the patients who died of the epidemic has corroborated Dr. Yersin's theory, for Dr. Kitazato and those who opposed his explanation could not discover even a trace of the pest bacilli in the blood vessels of the subject of the examination, whereas they were present abundantly in the lymphatic vessels, the result being that the veteran bacteriologist himself has been obliged to admit his error. At any rate, the definite settlement of the cause of this dreadful epidemic, as seems to have been arrived at by the Kobe investigations, must be received with satisfaction by the public at large, for it will probably help bacteriologists toward elaborating effective measures of prevention.

Dr. Kitazato's explanation.

[Japan Times, Tokyo, November 28, 1899.]

We noted a few days ago that Dr. Kitazato had been induced to recant in regard to the cause of the pest and to accept Dr. Yersin's theory. Dr. Kitazato has his own explanation to make in this connection, an explanation which does not coincide with that advanced by Drs. Ogata and Nakahama. "The pest patients I examined in Hongkong," Dr. Kitazato is reported to have stated, "had not been in the first stage of their disease, but several days had elapsed before they were brought to me for examination. The result was that putrefaction of the blood had already set in, and the bacilli were found in the blood vessels. Hence I concluded that the pest bacilli must have its origin in blood vessels. The examination of the patients in Kobe in the early stage of their disease has shown me, however, the unsoundness of this view, and has led me to conclude that the pest germs first propagate in the lymphatic vessels, next cause putrefaction of the blood, followed by fever, prostration, and pest lung inflammation; the presence of the pest bacilli in the blood vessels occurring only in the last stage of the disease. I told this discovery of mine to Drs. Ogata and Nakahama after they reached Kobe, so that the story of my having been won over by Dr. Nakahama on this great medical question is devoid of truth." Such is said to be Dr. Kitazato's explanation.

[Inclosure No. 2.]

Central Sanitary Association.

[Japan Times, Tokyo, December 10, 1899.]

The meeting of the Central Sanitary Association held on Friday last at the Home Department may be said to have comprised all the foremost physicians in the country, as those present included Drs. Kitazato, Nakahama, Ogata, Aoyama-Koike, Miyake, Sasaki, Takagi, Saneyoshi, Yamane, and others. The principal business of the meeting centered in adopting a resolution to advise the Government of the importation of a certain blood purifier from France, and in listening to addresses from Drs. Ogata, Nakahama, and Kitazato. The first-named physician spoke to the effect that as the result of examinations in Kobe, he had discovered that while the lymphatic veins of the plague victims contained Yersin bacilli, none of them were to be found in the blood vessels, and that he had therefore come to the conclusion that the cases in Kobe were those of bubonic plague, the same as was prevailing in India and other foreign parts, but the bacilli were not identical with the Kitazato bacilli.

Dr. Nakahama, after going over the history of individual plague cases in Kobe, claimed that rags and cotton were in their instances, not the media of infection, as popularly believed. By adducing circumstantial evidence, he maintained that the introduction of pest in Kobe must have taken place some time previous to its first discovery at Hiroshima, only that it had escaped detection owing to misdiagnosing of the cases as those of brain fever, inflammation of lungs, and of severe cold, the pest symptoms often resembling those of the diseases just named. He regretted that the discovery had not been made earlier, for then the specialists might have been enabled to stamp out the dread scourge before it had assumed the threatening position it had now attained. Dr. Kitazato, speaking last, said that he had first thought that the Kobe cases were cases of the disease of his own discovery, but he had since found out that they were those of Yersin plague. In the last stages of the attack, however, the victims generally suffered from blood pollution when the Kitazato bacilli made their appearance.